

INFORMED CONSENT QEEG AND NEUROFEEDBACK

Quantitative EEG & Brainwaves

Quantitative EEG, sometimes referred to as brain mapping, is an assessment tool to evaluate a person's brainwaves. The procedure takes about an hour. It consists of placing small sensors on the head (some technicians use a snug cap) to measure the electrical patterns coming from the brain. We gather information on the brainwave patterns, interactions between different parts of the brain, and the efficiency of communication between different parts of the brain. This is done while the patient is resting quietly with his or her eyes closed, and also with the eyes open. The brainwave data is then put into a normative database to determine in a scientific, objective manner whether and how a patient's brainwave patterns are significantly different from normal.

The QEEG assists us in knowing if there are abnormalities in brain function that EEG neurofeedback might be helpful in treating, and lets us know how we can individualize neurofeedback to the unique problems of each patient.

Once the assessment is complete and treatment goals have been established, we usually place one to four sensors on the scalp and one or more on the earlobes or back of the ears during neurofeedback training sessions. The trainee then watches a display on the computer screen (when done with eyes open) and listens to audio tones. These training sessions are designed to teach the person to gradually retrain their brainwave patterns.

Delimitations & Potential Risks:

It is important for you to understand that a QEEG is not the same as a "clinical EEG" which is used in medical diagnosis to evaluate epilepsy or to help determine if there is serious brain pathology, such as a tumor or dementia. The quantitative EEG that we do evaluates the manner in which a particular person's brain functions. By itself, it is not designed for, and we do not try to diagnose, tumors, epilepsy, or other "medical" conditions in a manner like an MRI or CT scan. You should recognize that the QEEG evaluation is noninvasive and no electrical current is put into the brain, but the electro-cap (when used) is tight fitting and can become uncomfortable before the evaluation is over. In order to obtain good sensor connections, it is also not unusual for the skin to be slightly abraded in tiny areas under a few of the electrodes.

Only very rarely (1-3%) are mild side effects likely to occur during neurofeedback

training. For example, occasionally someone may feel tired, spacey, anxious, experience a headache, have difficulty falling asleep, or feel agitated or irritable. Many of these feelings pass within a short time after a training session. If they do not, you should inform your neurofeedback technician or doctor of any negative side effects as soon as you notice them so that a modification can be made in the training protocol.

Although neurofeedback often produces very beneficial and lasting change, there are cases where damage to the brain is such that remediation may not be possible, or as is more often the case, there may be partial improvement. It must be acknowledged that the use of neurofeedback with some conditions is regarded as an exploratory treatment and we do not yet know with certainty the effectiveness rates.

Medication & Consultation with Your Physician

If you are taking medication (e.g., for migraines or headaches, seizures, emotions, hyperactivity, attention, perception, movement, spasticity, etc.) it is important to remain in close communication with your physician. Some patients have a tendency to want to decrease medications without consulting with their physician. We strongly request that all changes of medication be done with the consultation of the prescribing physician, as decreasing or stopping some medications may be life threatening, cause withdrawal effects, or be detrimental to your health. Please, consult your physician.

You must be medically stable to engage in this training. It is important to report any changes in medication or any change in other therapies you might decide to participate in. Reporting any change in supplements or vitamins may also be important. A change in your response to your typical medication regimen should also be discussed with your neurofeedback technician or doctor.

Confidentiality

Information shared is kept strictly confidential and not disclosed without your written permission. Exceptions are those required by law, such as: 1) Danger to yourself or others (e.g., threats of homicide or suicide); 2) Abuse of children or the elderly. The other exceptions are provided in more detail in the Notice of Privacy Practices, which you have received.

Fee Policies

Fees for the initial evaluation with Dr. Little is \$150, and the QEEG is an additional \$100 dollars, which includes the collecting of the data. Positive treatment effects are oftentimes noticeable as early as the fifth session, but is most often likely to emerge between the 10th and 15th treatment session. Therefore, we ask you to make a minimal commitment to coming to treatments twice per week for 10 weeks. For more complex or severe problems, you can expect the treatment to take up to 60 sessions for maximal

benefit. Please cancel appointments only due to emergencies, and avoid being charged for a session you can't make by calling at least 24 hours in advance of your appointment time. The fee for missed appointments and/or late cancellations is \$ 125.00 per occurrence.

The fee for each session is \$125 when paid for individually to see Dr. Little. There is significant savings when you pay for multiple sessions in advance. Dr. Little will prescribe and supervise all training sessions based upon a combination of each individual's primary concerns and the results of the brain map.

The following chart will help you decide which plan best suits your needs re: your investment in neurofeedback treatments. When you pay for 10 session in advance, the savings is 10%. When you pay for 20 sessions in advance, your savings is 20%, and so on.

# of sessions	Pay per appt	10 sessions	20 sessions	40 sessions	50 sessions
1	\$125.00	\$112.50	\$100.00	\$93.75	\$87.50
10	\$1,250.00	\$1,125.00	X	X	X
20	\$2,500.00	\$2,250.00	\$2,000.00	X	X
30	\$3,750.00	\$3,375.00	\$3,000.00	X	X
40	\$5,000.00	\$4,500.00	\$4,000.00	\$3,750.00	X
50	\$6,250.00	\$5,625.00	\$5,000.00	\$4,687.50	\$4,375.00
60	\$7,500.00	\$6,750.00	\$6,000.00	\$5,625.00	\$5,250.00

Other Trainings

Please inform your neurotherapist if you will partake in any other forms of formal treatment during your treatment. This includes any forms of cognitive rehabilitation or retraining as supervised by professionals in clinics, hospitals, or treatment centers.

Discontinuing Training

You are free to discontinue training at any time, for any reason. Should you wish to discontinue training please inform your practitioner. A discussion of the reasons for discontinuation provides us with valuable information about training effectiveness and side effects. This discussion would also allow appropriate referrals if you desire. Each training session you have already completed will be pro-rated at \$150 per session, and you be refunded the difference less an administrative processing fee of \$150.00.

Before you give your consent to be treated, we want you to ask as many questions as are necessary for you to understand this process. Please continue to express your questions, observations, and concerns at any time during the training process.

Voluntary Participation and Consent

Dr. Little has explained to me the reasons why he recommends performing a QEEG and using EEG neurofeedback. He has also explained that there are multiple other options, such as medication or psychotherapy, available to me should I decline to give my informed consent. I have read this form and Dr. Little has provided me with an explanation about the nature of QEEG and neurofeedback, and my questions about them and the anticipated, risks, experimental nature of some applications, and benefits have been answered. I am willing to accept these risks. I understand that although results of neurofeedback are encouraging, improvements in any individual case cannot be guaranteed, and to some degree depends on the willingness of patients to commit themselves to treatment and to work hard in sessions.

- I, _____, give my full permission to Dr. Little (or his technician) to place sensors on my (or my child's) head, ears, and/or neck for the purpose of conducting Neurofeedback (NF) training sessions and studying NF. I understand a permanent data record of the sessions will be recorded and retained.

Initial here: _____

- I acknowledge that I have been given an opportunity to ask questions regarding these training sessions, and that these questions have been answered to my satisfaction.

Initial here: _____

- I agree to have my (or my child's) data anonymously and without identifying information be included in a study to be presented in professional seminars and a professional journal(s) for publication.

Initial here: _____ (may be waived if not initialed)

- My consent (for me or my child) to participate in this treatment is given voluntarily and without coercion.

Initial here: _____

- I understand that Neurofeedback and/or QEEG is not a reimbursable expense by my private health insurance carrier. Dr. Little nor his office staff will provide any billing codes to me as it is a non-covered, 'elective' expense.

Initial here: _____

- I have read and understood the contents of this Consent document, and hereby agree to undergo (or have my child undergo) a QEEG evaluation and EEG neurofeedback sessions.

Initial here: _____

Signature of Patient (or parent)

Date